

**District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD and Tuberculosis Administration (HAHSTA)**

2013 Comprehensive HIV Testing and Linkage to Care

RFA#TLC08.02.13

Questions & Answers

Release Date 08.29.13

The following questions were obtained from prospective applicants who had questions specific to the Request for Applications (RFA#TLC08.02.13) released on 08.02.13. RFA # RFA#TLC08.02.13 is officially amended by the addition of this "Questions & Answers" which shall be known as **Appendix A**.

Below are the answers to RFA related questions that were submitted during the pre-application conference and subsequently, prior to the cutoff date of August 19th. HAHSTA cannot provide answers to questions that would influence the design of proposed programs.

Program Area Questions:

Q1. If you receive CDC direct funding for linkage to care, are you eligible for this RFA#TLC08.02.13 funding stream?

A: Yes however, your plan must demonstrate how your proposed program will differ from or expand the previously funded services. HAHSTA will not fund a duplication of services.

Q2. Is the Department of Health funding specific to linkage to care services?

A: Please refer to the RFA, page 3.

Q3. What is the meaning of clinical services?

A: Any type of care such as medical or mental health care services for which providers traditionally bill insurance companies can be considered clinical care.

Q4. What is the meaning of targeted populations?

A: See page 8 of the RFA.

Q5. If your organizations target multiple populations how should it be explained in the application?

A: HAHSTA cannot provide answers to questions that will unduly influence the design of proposed programs.

Q6. Are there any studies or examples of programs that addressed the incentive targeted testing or re-testing? Meaning creative testing?

A: Organizations should include any reasoning in their applications to address this issue.

Q7. Is there any preferred testing technology?

A: No, organizations should choose the testing technology that is cost effective and best suited for their agency and population.

Q8. What qualitative data does the Department of Health require?

A: Department of Health will request qualitative data in the quarterly narrative reports, detailing programmatic information about agency best practices, challenges, performance and lessons learned.

Q9. What is the meaning of Linkage to Care?

A: See pages 3, 6 of RFA. HAHSTA defines linkage as a process by which a person who tests preliminary reactive or positive for HIV is connected to and attends a medical services visit for the purpose of receiving HIV specialty care. This list of providers can be found on the HAHSTA website.

Q10. What is Red Carpet Entry?

A: Red Carpet Entry is a collaboration of HIV specialty providers that have agreed to make medical appointments available for newly diagnosed HIV positives within 72 hours. Department of Health has red carpet entry brochures. This list of providers can be found on the HAHSTA website.

Q11. Is there is a list of Red Carpet Participants?

A: AIDS Healthcare Foundation/Blair Underwood Healthcare Center; Andromeda Transcultural Health; Children's National Medical Center; Carl Vogel Center; Family and Medical Counseling Services; Howard University Hospital; Rap Calvin Rolark Center; United Medical Center; Whitman-Walker Health; and Unity Health Care Centers.

Q12. In category 1.0, can organizations budget for test kits or will those be supplied by HAHSTA?

A: HAHSTA will provide Oraquick Advance and Clearview kits to non-clinical HIV testing providers. Organizations can budget for other testing technology, but should provide clear rationale for choosing to do so.

Q13. Will HAHSTA give credit to Effi Barry grantees?

A: Yes, see page 28 of the RFA. This is a change from what was stated in the pre-application conference, which was 'no, these applications will be scored on their merits'.

Q14. If providers are providing a clinical component as well as a non-clinical testing component, and can only apply for one testing category, what do you apply under?

A: Apply under 2.1, but include a full description of your testing proposed program.

Q15. Is there a differentiation between clinical and non-clinical testing as it relates to the provision of tests (30%) by the Department of Health?

A: HAHSTA will continue to provide test kits for testing activities that are not eligible for third party reimbursement. The 30% cap is for HIV testing that takes place in clinical settings, where a strong justification the continued usage has been accepted.

Q16. Is there a preference for part 3.0 applicants?

A: No. See eligibility criteria in the RFA, page 15.

Q17: If a medical provider is specifically a provider of HIV care (meaning that all patients at the clinic are HIV-positive) should they still apply under Area 2.1?

A: See RFA page 2.1 for eligibility criteria.

Q18: Are clinical providers expected to show formal linkages with other clinical providers?

A: See page 3 of the RFA.

Q19: Is it acceptable to allocate funds under this grant to STD testing in addition to HIV testing?

A: See RFA page 5.

Q20: Could you clarify if use of social media for promotion of HIV testing and linkage to care campaign among youth would be considered as Innovative Testing Strategy?

A: The use of social media must serve as a recruitment strategy and directly lead to HIV tests performed.

Q21: Please confirm for me whether or not the community pharmacy is considered a clinical setting.

A: Please see eligibility criteria in the RFA, page 12.

Budgetary Requirements

Q1: Does HAHSTA provide testing kits or will we need to purchase the kits from the budget?

A: Yes for section 1.0. HAHSTA will provide free testing kits.

Q2. Can conference and travel costs be included as a line item in the budget?

A: Applicants may budget for conference and travel in their applications; however, there is no assurance that it will be approved in final award budgets.

Q3. Is this a reimbursable grant?

A: Yes.

Q4. For 2.1 are there certain percentages in the budget that should be devoted to clinical or outreach?

A: HAHSTA is not dictating the percentage of clinical versus nonclinical HIV testing efforts.

Application Requirement

Q1. Does HAHSTA provide the attachment templates? Will the attachments be in word format?

A: Yes, the attachments will be provided in Word via email to those prospective applicants that provided contact information and the attachment file will be available on the DC Grants Clearinghouse (www.opgs.dc.gov).

Q2. Is there a page limit for program activities? Can there be more than one page for example up to 3-5 pages?

A: See pages 23 & 26 of the RFA.

Q3. What is the deadline for submitting the proposal?

A: Wednesday September 4, 2013 by 4:30pm.

Q4. How many applications are we to submit?

A: Submit 1 original hard copy and 4 hard copies. No USB's. Only one application will be accepted per agency.

Q5: Are for-profit organizations eligible to apply?

A: No.

Q6: Should the structure of the narrative be based on Application Core Elements on page 3, the Program Requirements and Specific Evaluation Criteria, or the Application Evaluation Criteria on page 10?

A: See page 29 of RFA.

Q7: The RFA states that medical providers wishing to propose community-based testing should apply under Program Activity Area 2.1 – does that mean that these organizations are required to submit two program activity plans, or that they must propose community-based testing under Area 2.1 to be in addition to clinic-based testing?

A: Applicants should submit one Program Activity Plan that describes the full HIV testing program.

Q8: On page 2 of the RFA under application checklist as well as on page 23 under application elements it states that "applicant has submitted only one application per organization with multiple program activity plans" and "multiple applications submitted by one organization will be deemed ineligible and not forwarded to the external review panel" Does this mean that if an organization is applying for 1.0 and 3.0 that they should submit only one application with one assurance, one executive summary, one background/need/impact description, one org capacity ,one partnership/linkages/referrals, and then two program activity plans (one for each program area)? And if that is the case do you want them clipped together so that the program activity plans are back to back in the full proposal?

A: Applicants applying for multiple program areas should submit one application, with a program activity narrative for each program area—clearly labeled.

Q9: I am looking for Executive Summary (Required Template) as indicated on printed page 27. Instead, should we use ATTACHMENT B- Applicant Profile?

A: The template can be found in the Word attachment.